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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (7 Aug 68)

FOR OT RD 682092

15 August 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 12th
Evacuation Hospital (SMBL), Period Ending 30 April 1968

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure that the Army realizes current benefits from lessons learned during recent operations.

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BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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STATEMENT #2 UNCLASSIFIED

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SEP 11 1968

afn: FOR-OT-RD
Ward DC 20310

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 12TH EVACUATION HOSPITAL (SMBL)
APO San Francisco 96353

AVBJ GD-EA

2 May 1968

SUBJECT: Operational Report of 12th Evacuation Hospital (SMBL) for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

THRU: Commanding Officer
68th Medical Group
ATTN: AVBJ GC-PO
APO 96491

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ-PO
APO 96384

TO: Assistant Chief of Staff for Forces Development
Department of the Army
Washington, D.C. 20310

1. Section 1, Operations: Significant Activities

a. Mission and Supported Units.

The 12th Evacuation Hospital continues to provide medical support for the 25th Infantry Division and attached units at/or near Cu Chi RVN. In addition patients are received from the 45th Surgical Hospital and Clearing Companies of the 25th Medical Battalion for further care either of an emergency or post-operative nature.

Both the Wound Data-Munition Evaluation Team and the 20th Preventive Medicine Detachment continue to receive at least some of their logistical support from this hospital.

b. Professional Services.

During this quarter, a total of 2392 surgical procedures were performed; 1796 were major operative procedures and 596 minor operative procedures.

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This workload is considerably more than usual due to the Tet Offensive.

Debridement of wounds continues to be the most frequently performed operation comprising approximately 60% of all procedures. A total of 300 laparotomies were performed for acute trauma, 20% being negative for intra abdominal injury. Liver and small bowel continue to be the most commonly injured abdominal organs. Vascular injuries are also frequently observed averaging 27 per month. Arteries of the arm and thigh are the most commonly injured vessels.

Out-patient visits totaled 4625 during this quarter. We continue to see patients who were referred by corpsmen, not having been evaluated previously by a physician.

c. Medical Service

During the quarter covered by this report there were 200 medical in-patient dispositions and approximately 300 medical and out-patient visits. The incidence of malaria has declined markedly as compared to the previous quarter. While the incidence of hepatitis has increased, no epidemic distribution of hepatitis cases has been noted.

d. Laboratory

During the past quarter many new technicians were added to the laboratory staff. Since there is no mobile laboratory in the area, this lab performs many functions for the 25th Infantry Division and other supporting units usually performed by a mobile lab. The personnel available are adequate for this purpose.

Many procedures have been changed to increase accuracy. Platelet counts Prothrombin times, and the Partial Thromboplastin test have been initiated for the study of coagulation problems. Colony counts are now being done on all urine cultures.

The floor in the laboratory is in the process of being painted in an attempt to help control some of the fine dust.

e. Chaplain Activities

In the past a roster of patients divided according to unit has been kept by the Chaplain's assistant. This has been discontinued, due to the fact that it was not being utilized by the visiting chaplains and necessitated approximately two to four hours work daily.

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It was considered necessary to add two additional masses for Catholic Services to reduce attendance at the Sunday 1115 Mass.

2. Section 2, Lessons Learned: Commanders' Observations, Evaluations and Recommendations.

a. Operations

ITEM 1: Need for Volume Respirators

Observation: During the quarter, we have seen a proportionately larger number of high velocity gunshot wounds. Those involving the chest frequently result in the so called "wet lung" syndrome a major component of which is markedly increased airway resistance. This can be managed only with a volume respirator of the Mueller-morch or Emerson type. Pressure respirators of the Bennett type generally are not sufficient to inflate the lungs of such a patient.

Evaluation & Recommendation: Each surgical and evacuation hospital should have on hand, an adequate number of the volume respirators to provide adequate care for these patients. An alternative solution would be to have a central pool of these respirators so that they could be available on short notice when the need arises. Three volume respirators were being used at the same time, to assist ventilation of critically injured patients at this hospital.

ITEM 2: Wound Infection

Observation: During February and March of this quarter, during a period of increased casualty acquisition, an increased number of wound infections, pneumonias, and urinary tract infections were noted on the intensive care units of this hospital. The majority of these were caused by the organism Klebsiella sp.

Evaluation & Recommendation: The bacteriology laboratory surveyed the I.C.U.'s, operating room, and recovery room sampling various pieces of equipment including respirators, air conditioners as well as the air. Air plates and samples of the air conditioner filters grew out significant numbers of colonies of Klebsiella sp. With this information, attention was directed to draining air conditioner filters daily and to more effective clearing of all items of equipment which were used in the care of acute casualties. The laboratory continues to survey these areas monthly. It is too soon to determine if these measures have resulted in a significant decrease in the infection rate. A similar program should be proposed for all treatment facilities in Vietnam.

2 May 1968

SUBJECT: Operational Report of 12th Evacuation Hospital (SHEL) for
Period Ending 30 April 1968, RCS CSFOR-65 (RI)

ITEM 3: Availability of Medical Supplies

Observation: Frequently, during the past quarter, certain items essential to the care of severely injured casualties have been in short supply in the hospital necessitating emergency requisitions and poor substitutions. Examples of these items are Kanamycin, Chloromycetin, glass tubing for chest bottles, chesttubes, Penicillin, intravenous vitamin solutions, dressing sponges, Potassium Chloride Solution, Hydrogen Peroxide solution, kerlix bandages, and suture material. It should be emphasized that these are items in every day use and are not unusual or applicable in only rare instances. The medical supply unit of this hospital in nearly every instance has submitted timely requisitions and periodically upgraded the priority of these requisitions as the supply situation became more critical. The percentage fills on requisitions has gradually deteriorated from 75% in December 67 to 20% in March 68.

Evaluation & Recommendation: Comprehensive survey of medical supplies required should be made, so that those items which are used in great quantity do not become unavailable. A 30 day inventory of these items should be maintained constantly at every fixed and semi-mobile medical facility. The inability to obtain these materials from supply depots in spite of timely requisitions constitutes a serious morale problem as well as a disservice to the battle casualties whose care depends on the availability of supplies.

ITEM 4: The use of small caliber chest tubes in treatment of hemothorax

Observation: On several occasions during the past quarter we have seen chest injuries with associated hemothorax, the evaluation of which has been hampered by the nonavailability of large lumen chest tubes. In certain cases, specifically two in number, this has resulted in delayed treatment and may have contributed to a fatal outcome.

Evaluation & Recommendation: During the initial evaluation of chest injuries, if hemothorax is suspected, a #40 or #45 chest tube should be inserted and placed to underwater seal and sustained suction. If replacement of the chest bottle is required because it is full or if drainage of blood ceases and it can be determined that hemothorax is still present, the patient should immediately be taken to the operating room for open thoracotomy.

ITEM 5: Emergency Electrical Power

Observation: On two occasions during the past quarter it has been necessary to resort to an emergency power source, when generators supplying the hospital have failed. On one occasion, because of the lack of an adequate emergency power source, and consequently the lack of adequate lighting in the operating

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room, it was necessary to evacuate a critically ill patient to another hospital for an emergency operation. It is felt that the major underlying deficiency was proper wiring of the hospital to provide a completely separate emergency power system which could be tested and maintained without interrupting the normal operation of the standard generators.

Evaluation & Recommendation: In the initial construction of semi fixed medical facilities, some consideration should be given to establishing a separate source and wiring system to accommodate emergency requirements. Those locations and items of equipment (blood storage refrigerators) which are essential to hospital operations should be connected independently to an adequate, carefully maintained and frequently checked power source.

ITEM 1: Treatment of Malaria

Observation: Patients are being transferred to this hospital with a diagnosis of malaria without the accompanying stained slide from which the diagnosis was made. This results in delay in the initiation of treatment until blood smears can be made to confirm the diagnosis.

Evaluation & Recommendation: It should be emphasized and required that any medical facility transferring a patient with diagnosis of malaria ensure that the original blood smear from which the diagnosis was made accompany the patient.

ITEM 7: Seizure disorders

Observation: Patients transferred to this hospital having had a lapse of consciousness which was felt to have been caused by a seizure disorder do not have adequate documentation of the incident to allow a reasonable evaluation of the condition which caused it. Unless that patient repeats the incident in the hospital, diagnosis is frequently impossible without elaborate equipment (EEG) which is only available in Japan. Lengthy absence from duty and costly out-of-country evacuation is occasionally necessary to confirm a diagnosis which may be suspected but cannot be substantiated because of the lack of adequate historical information.

Evaluation & Recommendation: Where a patient is suspected of having seizure disorder as the basis for loss of consciousness careful documentation of the incident by a qualified physician should be included in the patient's health record or clinical chart. An effort should be made by physicians to transcribe eyewitness accounts of the incident which may then be used

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to substantiate a diagnosis. Without such substantiation, elaborate diagnostic studies or prolonged observation in the hospital is necessary to evaluate properly and to treat adequately a patient with a seizure disorder.

ITEM 8: Dental Sick Call

Observation: Time lost from duty here at the hospital due to dental emergencies is almost non-existent.

Evaluation: It appears that the use of a full time hygienist in connection with comprehensive routine care still remains our most effective means to prevent dental emergencies.

ITEM 9: Radiology Service

Observation: Impedance of patient flow by the Radiology Service limitations during mass casualty situations, continues to be a problem. At times of rapid acquisition of large numbers of casualties when triage has been performed, resuscitation initiated, and operative priorities established; further care and operative intervention with such patients is frequently delayed by the prolonged time needed to obtain X-ray examination of such patients. This delay is occasioned by the space and equipment limitations of the Radiology Service. Only two suitable X-ray units are available and films are "hand processed".

Evaluation & Recommendation: A larger area for the Radiology Service along with at least one other suitable examining unit and an automatic film processor are felt necessary for optimum patient care.

ITEM 10: Nursing Service

Observation: CMS has requisitioned or prepared all sterile items needed for general ward or clinical use. Surgery processed and maintained its own sterile supplies, packs, and instruments with resultant duplication of effort by separate staffs. Two staffs utilizing the same area for basically the same purpose produced waste of efforts, time, space, and material.

Evaluation: All sterile items needed by any hospital department including surgery are now ordered from CMS. The CMS staff, composed of CMS and OR specialists, requisitions and prepares supplies and equipment in one area, thereby eliminating duplication of effort and producing a higher quality and more consistent flow of sterile items needed within the hospital.

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ITEM 11: Laboratory Environment

Observation: The operation of the laboratory continues to be adversely affected by large amounts of dust, fluctuating temperatures, and lack of stable electrical current.

Evaluation: It has been observed repeatedly in laboratories throughout Vietnam that electronic instruments which are transistorized are extremely sensitive to ambient environmental conditions. Laboratories which function with high humidity and wide diurnal temperature variation have a much higher incidence of instrument breakdown than those with adequate air-conditioning systems. Since the last quarter a combination of failing electrical current and seasonal rises in temperature and humidity has been responsible for recurrent failures in the functioning of our flame photometer and pH-gas analyzer. These instruments are part of the unprecedented improvement in patient care which has characterized the medical effort in Vietnam. If suboptimal laboratory conditions are allowed to continue the improvement in instrumentation will be nullified.

ITEM 12: Lighting and Wiring in the Laboratory

Observation: Standard electrical lighting installed in quonset-type buildings is inadequate for detailed lab work and emergency operations.

Evaluations: Larger fluorescent lights on ceilings and lights suspended above work benches are considered necessary to alleviate eyestrain during hours of continuous work. Optimal patient care depends not only on direct patient services such as the operating room, but also on indirect services such as the laboratory. Without facilities for proper cooling of blood extensive surgery would be unthinkable. At the present time there is no provisions for emergency power in our laboratory. In a hospital such as ours where mass casualties are the rule, it is not hard to envision a situation of prolonged power failure when massive drain of the blood bank will result in rapid rise of temperatures in the refrigerators. Furthermore, no surgeon likes to operate without minimal laboratory support, e.g. hematocrits, urinalysis, which require electrical appliances for their performance.

Recommendations: 1. Two additional air-conditioning units should be installed in the laboratory, when stabilization of electrical current at its proper voltage can be accomplished.

2. A tile floor is needed to control fine dust from the bare concrete.
3. Early installation of an emergency power supply.

AVBJ GD-E.

SUBJECT: Operational Report of 12th Evacuation Hospital (OMBL) for
Period Ending 30 April 1968, RCS CSFO.-65 (R1)

2 May 1968

ITEM 13: Records Management

Observation: Clinical Records of patients returned to duty or who died in the hospital were not typed and completed until the last few days of the month. This then required that all other work be deferred and all resources be given to this task during the end of the month. This resulted in errors and delayed transmittals of records.

Evaluation: A new system was initiated whereby clinical records are typed and completed on a day to day basis. This system virtually eliminated the monthly problem. It also resulted in fewer errors and expedited transmittal of clinical records on the due date.

ITEM 14: Seriously Ill List

Observation: When patients were admitted to the hospital and were placed on the seriously or very seriously ill list or a telephonic casualty report was required per USARV Reg 600-1, there was a lack of full knowledge of these categories by nursing and professional personnel. Registrar personnel responsible for this reporting also failed to understand the importance of these notifications. Therefore, there was delayed reporting and in a few cases no report was made at all.

Evaluation: The nursing and professional staffs were fully instructed upon the requirements concerning patients placed in these categories and the reporting required. Registrar procedures were revised and many additional safeguards were instituted to insure required reporting was accomplished.

b. Logistics

ITEM 1: Supply & Services

Observation: Since the Tet Offensive supply runs to Saigon and Long Binh have been by means of convoy. What was previously a one day supply run has now been doubled and become a two day trip.

Evaluation: By using off duty nursing service personnel as assistant drivers the burden on the supply section of providing assistant drivers for the supply runs has been alleviated.

ITEM 2: Building Utilization

Observation: Unit and Medical Supply Officers while working in close

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Period Ending 30 April 1968, RCS CSFOR-65 (RL)

co-ordination had been occupying separate buildings.

Evaluation: Unit and Medical Supply Officers were centralized in one office. This has greatly facilitated communication between the sections as well as providing cross training for enlisted personnel which provides flexibility. In addition, catalogs, regulations, and various reference files were combined thus conserving space and eliminating duplicated effort.

c. Training

ITEM 1: Staff Co-ordination

Observation: It has been noted by various staff members in individual hospitals in the Brigade that their counterparts in Group and Brigade headquarters are in some cases relatively new to the theater. While they are quite knowledgeable in their chosen fields, they are not always completely familiar with USARV and Brigade regulations and the working conditions and requirements peculiar to Vietnam.

Evaluation & Recommendation: Personnel staffing Group and Brigade headquarters sections could be better prepared to assist and guide subordinate unit staff sections, if their initial assignments were to patient care facilities. This would enable them to obtain experience with problems as encountered at the unit level as well as become versed in USARV, Brigade, and other theater regulations and policies. Where practical a policy whereby headquarter staff personnel would spend their six months in country assigned to their speciality at the unit level would be desirable.

d. Personnel: None

e. Intelligence: None

f. Organization: None

12 May 1968
ROBERT E. NEIMES
LTC, MC
Commanding

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AVBJ GD-PO (2 May 68) 1st Ind

SUBJECT: Operational Report of 12th Evacuation Hospital (SMBL) for Period
Ending 30 April 1968, RCS CSFOR-65 (RI)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

10 May 1968

THRU: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D.C. 20310

1. This headquarters has reviewed the Operational Report for the Period ending 30 April 1968 from Headquarters, 12th Evacuation Hospital.
2. Reference recommendation 2a, item 1. Concur. Volume respirators are on order.
3. Concur in recommendations 2a, items 2, 4, 6, 7, 8, 10, 11, 13, 14; 2b, items 1 and 2.
4. Reference recommendation 2a, item 3. Non-concur. A 45 day level is authorized at each hospital.
5. Reference recommendation 2a, item 5. Concur. Electrical distribution systems should be constantly evaluated when planning for new equipment. A study is in progress for upgrading this system.
6. Reference recommendation 2a, item 9. Concur. Plans are in the process for expansion of the radiology department and the X-O-Mat will be issued in the near future.
7. Reference recommendation 2a, item 12. Concur. Evaluation for emergency power supply for the entire hospital is being conducted at the present time.
8. Reference recommendation 2c, item 1. Non-concur. Since the majority of the Group and Brigade staff members have previously served in patient care facilities, recommendation is not feasible.

Leonard Maldonado
LEONARD MALDONADO
Colonel, Medical Corps
Commanding

AVBJ-PO (2 May 68) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
30 April 1968 (RCS CSFOR-65)(R1)(12th Evacuation Hospital)

DA, Headquarters, 44th Medical Brigade, APO 96384 20 June 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to observations, evaluations and recommendations in Section 2 of the basic report are submitted:

a. Reference paragraph 2a, item 1. Concur. This headquarters initiated procurement for Marsh and Emerson Volume Respirators in June, September and December of 1967 and has received and distributed such equipment to key hospitals throughout the command. Due to a six month procurement lead time on individual requirements, a command wide survey has been completed and consolidated procurement effected for all hospitals.

b. Reference paragraph 2a, items 2, 4, 6, 7 and 11. These items concern technical professional matters and should be considered by appropriate consultants to the USARV Surgeon and The Surgeon General.

c. Reference paragraph 2a, item 3. Concur in part. A command wide directive issued in November 1967 directed hospitals to report on a monthly basis those items considered by hospital commanders to be either critical, mission essential or difficult to maintain at adequate stock levels. This report is analyzed with the supporting medical depot and the base depot. Where indicated, the U.S. Army Medical Depot, Okinawa, and the U.S. Army Medical Material Activity, Phoenixville, Pa., are alerted with procurement expedited where feasible. The dramatic increase in supply demands has not been met with comparable storage facilities at the depot or hospitals. The inability of a hospital to stock its operational supplies due to lack of storage has compounded the problem of resupply, especially during periods of extensive combat action where transportation is impaired. In addition, short falls in some items of medical material are directly related to production limitations. Almost every fast moving item has experienced unprecedented demands in the past 5-6 months. In most cases the demand has far exceeded DPSC procurement delivery schedules and, in many cases, required manufacturers to expand their production capabilities to meet the requirements.

d. Reference paragraph 2a, item 5. Concur with paragraph 5, first indorsement.

AVBJ-FO (2 May 68) 2d Ind 20 June 1968

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
30 April 1968 (ROS CSFOR-65)(R1)(12th Evacuation Hospital)

e. Reference paragraph 2a, item 8. This item does not include a recommendation; therefore, it is difficult to concur or non-concur. The statement describes a professionally acceptable method of providing dental service which apparently is considered the most effective method by personnel of the 12th Evacuation Hospital.

f. Reference paragraph 2a, item 9. This problem is peculiar to the 12th Evacuation Hospital and corrective action has been initiated as indicated in paragraph 6, first indorsement. Therefore, this item should not have been included in this report.

g. Reference paragraph 2a, item 10. Concur.

h. Reference paragraph 2a, item 12. This item should be considered by normal staff action, i.e., appropriate request with justification; therefore, it should not have been included in this report.

i. Reference paragraph 2a, items 13 and 14 and paragraph 2b, items 1 and 2. These items concern internal operations of the unit and should not have been included in this report.

j. Reference paragraph 2c, item 1. Non-concur. This recommendation is neither practical nor feasible in view of the short duration of the normal tour of duty in Vietnam.


GLENN J. COLLINS
Brigadier General, MC
Commanding

TEL: LBH 2909/2494

cc: 12th Evacuation Hospital

8 JUL 1968

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AVHGC-DST (2 May 68) 3d Ind CPT Arnold/dls/LBN 4485
SUBJECT: Operational Report of 12th Evacuation Hospital (SMBL) for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 30 April 1968 from Headquarters, 12th Evacuation Hospital (SMBL).

2. Comments follow:

a. Reference item concerning wound infection, page 3, paragraph 2a, item 2; and 2d Indorsement, paragraph 2b: Concur. The problem described would appear to be a local one. Similar programs for both surveillance and prevention of such infections have already been instituted in most hospitals. The USARV medical consultants will review control procedures during liaison visits and recommend appropriate programs if none exist.

b. Reference item concerning use of small caliber chest tubes in treatment of hemothorax, page 4, paragraph 2a, item 4; and 2d Indorsement, paragraph 2b. Patients with hemopneumothorax from penetrating chest injuries require careful observation regardless of the size of chest tube inserted. Concur that large caliber tubes drain better than smaller ones. Repeated clinical evaluation, blood replacement, and proper attention to the function of chest tubes are essential for the successful management of these cases and are more important than the size of the chest tube alone. These principles are discussed by the surgical consultant during visits to medical treatment facilities.

c. Reference item concerning treatment of malaria, page 5, paragraph 2a, item 6; and 2d Indorsement, paragraph 2b: Concur. The USARV Surgeon's Office will emphasize the need for the accompanying blood stain with malaria patients in the next USARV Medical Bulletin.

d. Reference item concerning seizure disorders, page 5, paragraph 2a, item 7; and 2d Indorsement, paragraph 2b: Concur. The basic recommendation will be stressed in liaison visits by the USARV Medical Consultant, but is a problem which can and should be handled locally by communicating with referring physicians.


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SUBJECT: Operational Report of 12th Evacuation Hospital (SMBL) for
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e. Reference item concerning laboratory equipment, page 7, paragraph 2a, item 11; and 2d Indorsement, paragraph 2b: Concur. Laboratories receive, in initial construction and upgrading, second priority for air conditioning. First priority is given to operating rooms, post and pre-op, and intensive care wards.

FOR THE COMMANDER:


JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

Cy furn:
HQ 12th Evac Hosp (SMBL)
HQ 44th Med Bde

GPOP-DT (2 May 68) 4th Ind

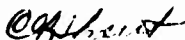
SUBJECT: Operational Report of HQ, 12th Evac Hosp (SMBL) for Period
Ending 30 April 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 24 JUL 1968

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding indorse-
ments and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



C.L. SHORTT
CPT, AGC
Asst AG

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The following items are recommended for inclusion in the Lessons Learned Index:

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ITEM 5

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PAGE # _____

* Subject Title: A short (one sentence or phrase) description of the item of interest.

** FOR OT RD # : Appears in the Reply Reference line of the Letter of Transmittal. This number must be accurately stated.

***Page # : That page on which the item of interest is located.

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